

FREDERICK COUNTY HEALTH ACCESS PROGRAM (FCHAP) NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Safeguarding Your Protected Health Information

The Frederick County Health Access Program (FCHAP) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, FCHAP will ask for certain health information and that health information will be put into your record. The record may contain your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. FCHAP is required to follow the privacy practices described in this Notice, although FCHAP reserves the right to change our privacy practices and the terms of this Notice at any time.

How FCHAP May Use and Disclose Your Protected Health Information

FCHAP staff will only use your health information when doing their jobs. For uses beyond what FCHAP normally does, FCHAP must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

For treatment: FCHAP may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

To obtain payment: FCHAP may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

For health care operations: FCHAP may use and share your health information to evaluate the quality of services provided.

Other Uses and Disclosures of health information required or allowed by law:

Information purposes: Unless you provide us with alternative instructions, FCHAP may send appointment reminders and other materials about the program to your home.

Required by law: FCHAP may disclose health information when a law requires us to do so

Avert threat to health or safety: In order to avoid a serious threat to health or safety, FCHAP may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: DHMH will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. DHMH may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Families, Families, friends or others involved in your care: FCHAP may share your health information with people as it is directly related to their involvement in your care or payment of your care. FCHAP may also share health information with people to notify them about your location, general condition, or death.

You have a Right to:

Request restrictions: You have a right to request a restriction or limitation on the health information FCHAP uses or discloses about you. FCHAP will accommodate your request if possible, but is not legally required to agree to the requested restriction. If FCHAP agrees to a restriction, FCHAP will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that FCHAP send you information at an alternative address or by alternative means. FCHAP must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: You have a right to see your health information upon your written request.

Acknowledgement of receipt of this notice:

Patient or Authorized Representative

Date

Signature of FCHAP Representative

If unable to get acknowledgement, specify why: